Best Practices

Surveillance of Blood and Body Fluid Exposure

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Blood and Body Fluid (BBF) Surveillance

- OSHA Mandated 1992
- Federal Register Number 29 CFR19,10
- BBF exposure is defined as: Health care personnel (HCP) whose activities involve contact with patients or with blood or other body fluids from patients in a health-care, laboratory or public-safety setting.

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BBF Surveillance

- Components of BBF surveillance require:
  - Exposure Control Plan
  - Exposure Determination
  - Compliance
    - Engineering and Work Practice Controls
    - Universal precautions, personal protective equipment

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BBF Surveillance

- Regulated waste
- Training requirements
- Vaccination programs in place for prevention of Hepatitis B infections
- Post -exposure Evaluation and Follow-up

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BBF Surveillance

- **Basic definitions:**
  - Health care personnel (HCP) any person whose activities involve contact with patients, blood or other body fluids from patients
  - examples include employees, students, contractors, attending physicians, public-safety workers or volunteers.

BBF Surveillance

- **Basic Definitions:**
  - Exposure: a percutaneous injury (such as a needle stick or cut with a sharp object) or contact of mucous membrane or nonintact skin (for example, exposed skin that is chapped, abraded, or afflicted with dermatitis) with blood, tissue, or other body fluids that are potentially infectious.

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BBF Surveillance

- **Basic definitions:**
  - Body fluids that are potentially infectious include blood, fluids that contain visible blood, semen and vaginal secretions. Other fluids considered potentially infectious include cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid. Urine, breast milk, sweat, saliva, sputum, tears, feces and vomitus are not considered potentially infectious unless they contain blood.

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What makes a surveillance program “best”?

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BBF Surveillance

- Complies with standards
- Ease of access for health care workers
- Quick reference lab turnaround time
- Optimal timing for those requiring treatment
- Effectiveness for prevention of blood borne disease once exposed
- Effective education for preventing exposures
- Effective evaluation of safety techniques and equipment

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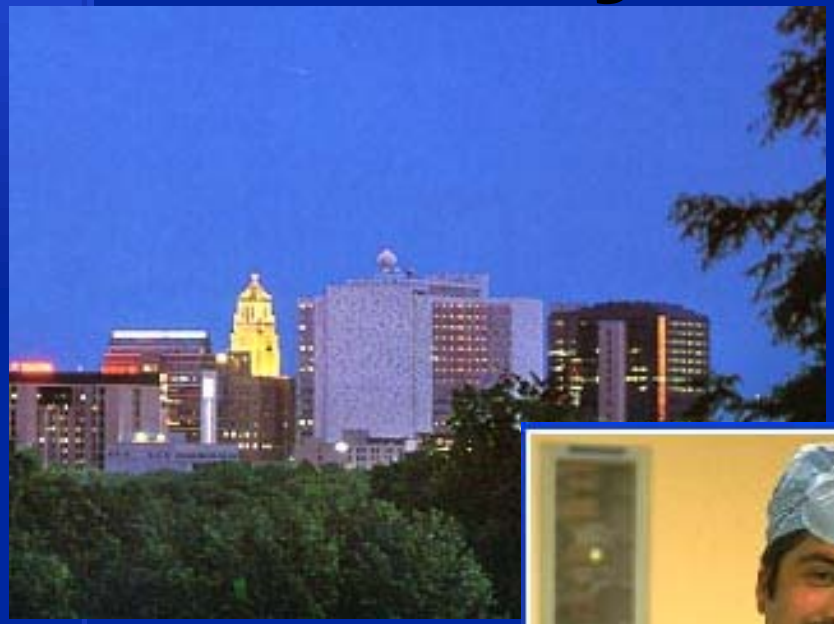
Mayo BBF Program



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Mayo BBF Program

- Utilizes a phone triage system operated by occupational nurses within our division
- Protocol driven
- Provides immediate access to health care workers 24 hours

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Mayo BBF Program

- Data is gathered immediately on source patient and exposed worker
- Labs are ordered driven by standard protocols and turnaround time is typically 24 hours
- Referral to on-call physician for suspected high risk exposures requiring post-exposure prophylactic (PEP) medications

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Mayo BBF Program

- PEP for HIV initiated within 1 1/2 hours of exposure for those who promptly report
- No documented transmission of HIV to date within our system.
- Effectiveness of education indirectly measured by number of BBF reports per month per number of FTE's.

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Mayo BBF Program

- 612 exposures for the year 2000 of 26,541 physicians, allied staff, residents, fellows and students, or 2.2%/ year.
- Reports have declined from 1991 when 498 exposures were reported for 15,941 employees, residents, fellows and students or 3.1 %/ year.

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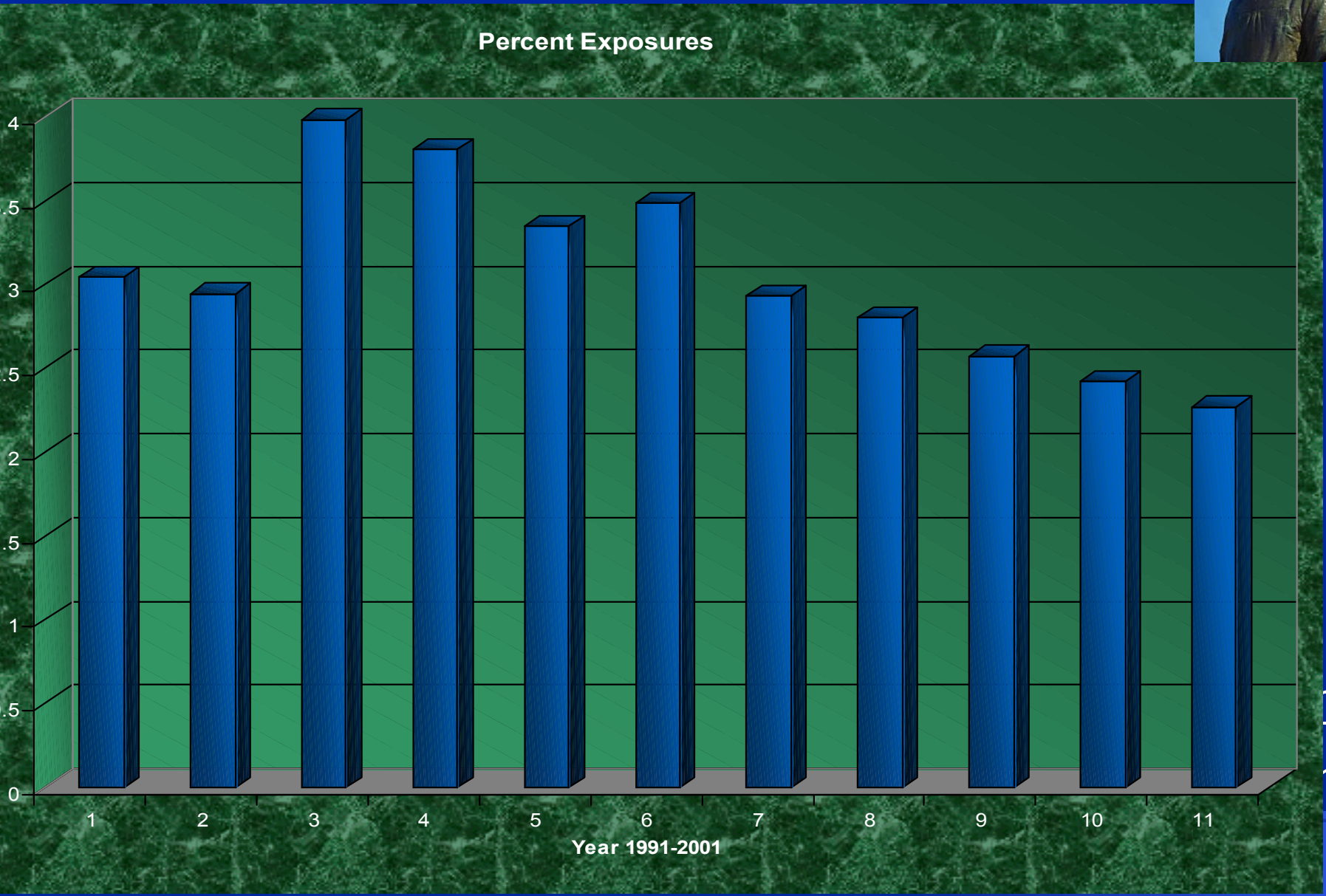
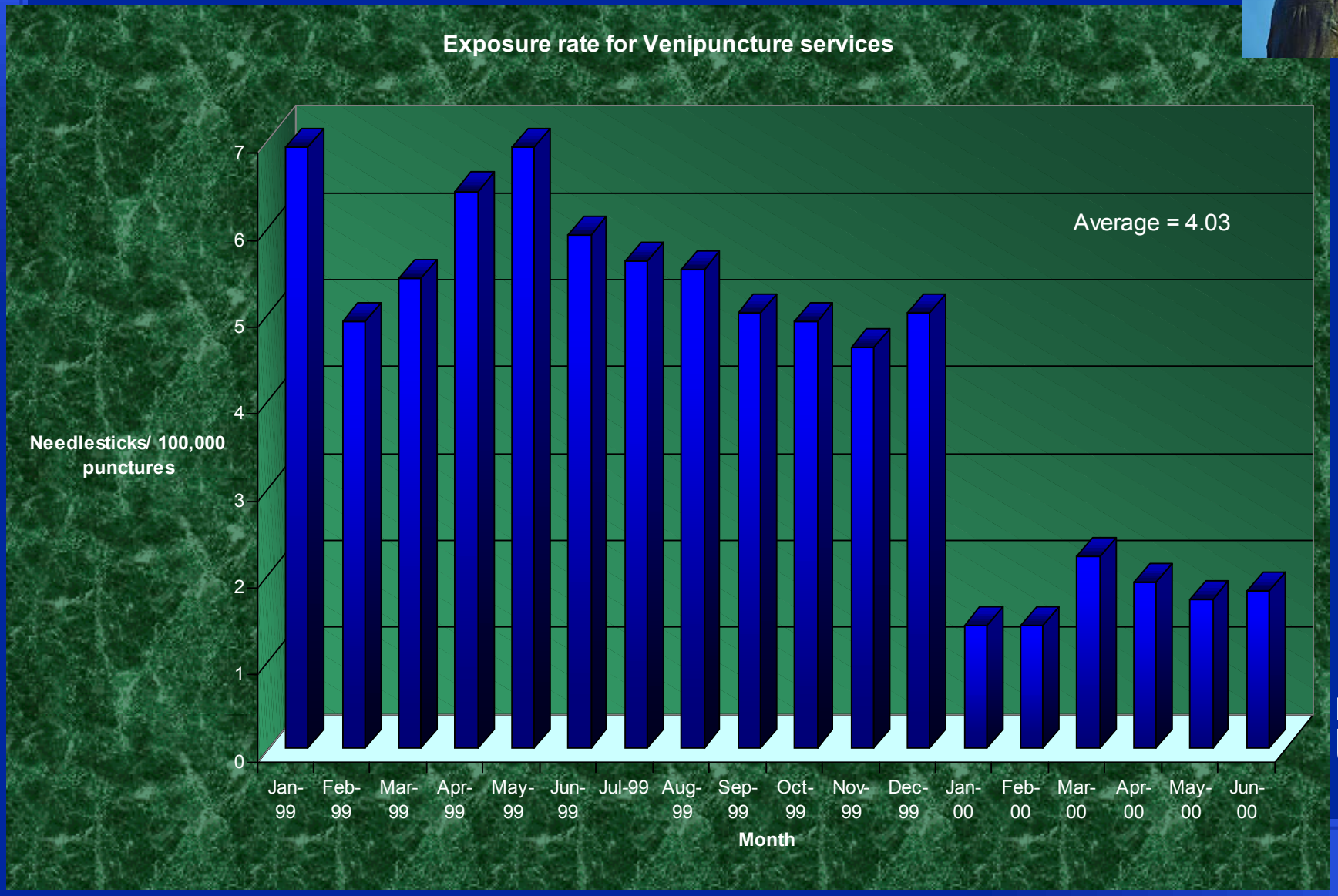
Mayo BBF Program



Mayo BBF Program



Mayo BBF Program

- Future plans for Mayo surveillance include conversion of entire system to safety devices as feasibility permits
- Data base tracking of exposures relative to device type,as well as continued tracking of locations and job title will provide capacity to evaluate specific safety devices

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